

State of Alaska Application to Purchase Cigarette Tax Stamps on Deferred Payments Basis

Department use only	Envelope #
FSN	SEQ #

623

Federal ID <input type="checkbox"/> EIN <input type="checkbox"/> SSN	License Number	License Period	Alaska Business License Number
Name	Telephone Number	Fax Number	
Mailing Address	Contact Person	Contact Telephone Number	
City	State	Zip + 4	Email Address

As provided in Alaska Statute 43.50.550(b), the undersigned, duly licensed by the State of Alaska Under AS 43.50.010 or AS 43.50.035, hereby applies to purchase cigarette tax stamps on a deferred payment basis in an amount not to exceed \$ _____ in any one calendar month.

This application is accompanied by a surety bond executed by a corporation incorporated under the laws of the State of _____ and authorized to engage in business as surety company in Alaska.

Attach completed form 04-041D (rev 10/03), Cigarette Tax Surety Bond.

Name of Surety Company	Bond Number		
City	State	Zip + 4	Amount of Bond

Note: Amount of bond must equal 200 percent of the maximum dollar amount of allowed monthly cigarette stamp purchase.

Signature of Taxpayer or Representative	Date
Printed Name and Title of Taxpayer or Representative	Title

FOR DEPARTMENT USE ONLY

☐ Application to purchase cigarette tax stamps on a deferred payment basis approved in the amount of \$ _____

☐ Application to purchase cigarette tax stamps on a deferred payment basis denied.

Signature	Title	Date
If approved, the above-named licensee may purchase cigarette tax stamps on a deferred payment basis until this date _____		

Pay online at www.tax.alaska.gov
or make check payable to **State of Alaska**

Mail to: Alaska Department of Revenue - Tax Division
550 W 7th Ave Ste 500 Anchorage • AK 99501-3566
Telephone 907-269-6620
FAX 907-269-6644

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